

Maryland Health Benefit Exchange Meeting of Navigator Advisory Committee

Study of Navigator Program and Consumer Assistance

October 24, 2011

Manatt Health Solutions

Meeting Goals and Objectives

Progress Against Work Plan

Models in Other States & Consumer Assistance

Model Options for Maryland

Next Steps

Project Purpose: *Develop options for the design and operation of Maryland's Navigator Program pursuant to the Maryland Health Benefit Exchange Act of 2011.*

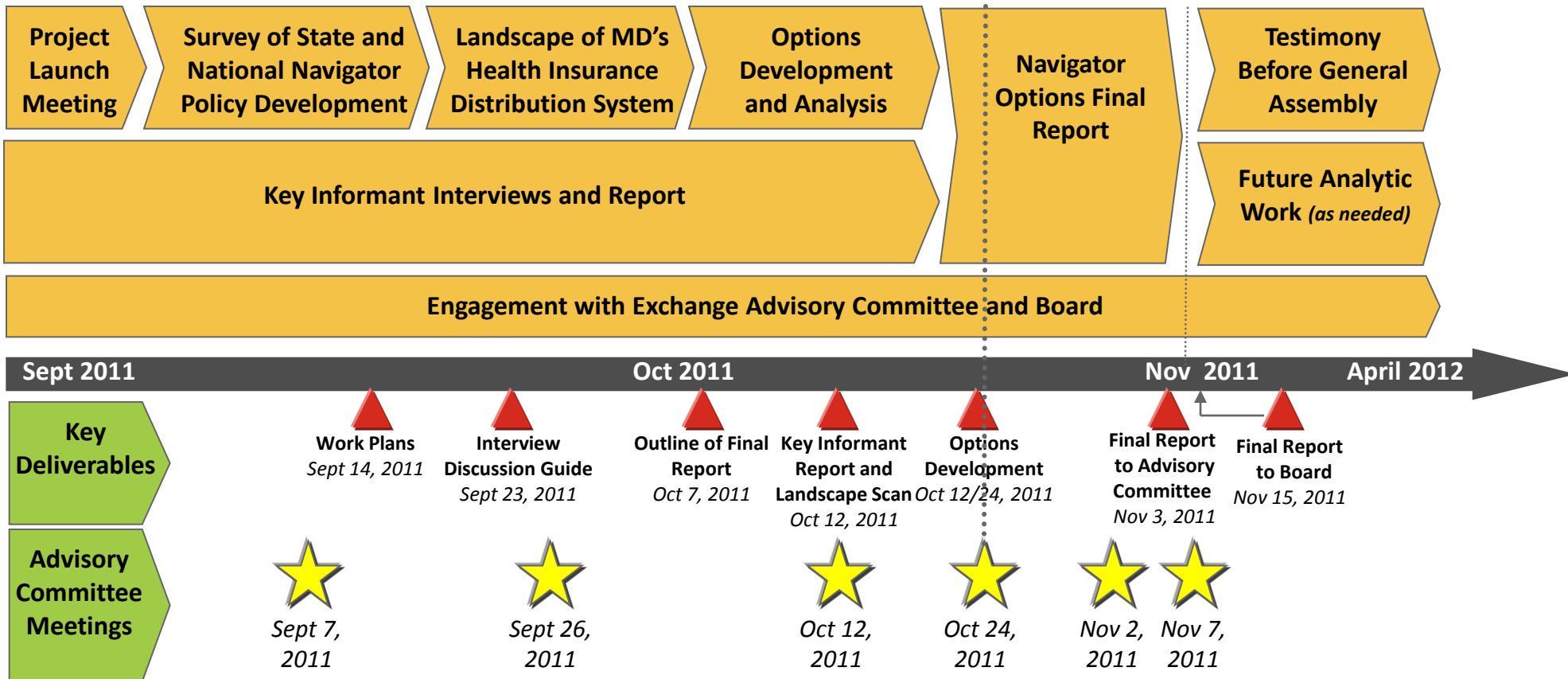


Goals for Today's Meeting

- Overview of work done to date and an update of the plan moving forward
- Share and discuss models used in other states for Navigator-like functions and existing Consumer Assistance Programs in Maryland.
- Evaluate potential models for Maryland's Navigator program, including how the options from the prior discussion fit into models for the individual and SHOP Exchange

Progress Against Work Plan

3



Update on Key Project Deliverables

4

Deliverable	Date(s)	Status
Advisory Committee Meeting: Introduce Team, Review of Work Plan, Obtain Input on Interview Candidates • Meeting agenda and supporting materials	Sept 7, 2011	Complete
Project Work Plan, including Key Informant Interview Plan	Sept 14, 2011	Complete
Interview Discussion Guides	Sept 23, 2011	Complete
Advisory Committee Meeting: Share Demographics and Obtain Input on Discussion Guides • Meeting agenda and supporting materials	Sept 26, 2011	Complete
Outline of Final Report	Oct 7, 2011	Complete
Advisory Committee Meeting: Present Key Informant Interview Report, Landscape Scan and Discuss Initial Options Development • Meeting agenda and supporting materials	Oct 12, 2011	Complete
Advisory Committee Meeting: Present Options and Solicit Advisory Input • Meeting agenda and supporting materials	Oct 24, 2011	In Process
Advisory Committee Meeting	Nov 2, 2011	TBD
Final Report (draft to the Advisory Committee)	Nov 3, 2011	In Process
Advisory Committee Meeting: Review of Final Report • Meeting agenda and supporting materials	Nov 7, 2011	To Be Completed
Final Report (to Board)	Nov 15, 2011	To Be Completed

Massachusetts Exchange Connector Components

5

	Outreach Worker Program (primarily for Commonwealth Cares)	Insurance Broker Program (exclusively for Commonwealth Choice)
Contracting	Competitive procurement process; multi-year grants awarded	N/A
Functions	Education on insurance options; outreach; application/renewal assistance; assistance with eligibility, assistance with written communication to state staff; help find providers when enrolled	Education to insurance options; application/renewal assistance; in particular assistance to small businesses that have up to 50 workers
Training	Trained by the MA Health Care Training Forum (MTF); Monthly meetings, inclusive of training session on approaches to outreach/assistance and information on health reform and insurance programs	Must attend four days of training on the Commonwealth Choice program
Certification/ Licensure	Must be local, consumer-focused, non-profit with a strong reputation; demonstrate knowledge of health reform; culturally competent; ability to connect to people difficult to reach	Need to be licensed by the state; register with the SBSB (Commonwealth Choice operational vendor) to tie compensation to the clients they enroll
Compensation	Grants up to \$41,000 per year awarded to over 51 grantees; Grants awarded by the state (\$11.5M from 2006-2010); BCBS MA grants (\$2.4M since 2006)	\$10/employee/month commission for business with 1-5 employees; 2.5% of total premium commission for businesses with 6-50 employees (3.5 to 4.5% outside of the exchange)
Oversight	CBO's provide routine reports to the UMass Office of Community Programs that quantify their outreach and application assistance activities, as well as to communicate promising strategies and challenges	Connector has oversight of program; MA Division of Insurance has oversight of licensure
Program Funding	Ongoing operations are funded through retention of a percentage of the health insurance premiums (3.75%) generating \$26.9M in 2010.	Ongoing operations are funded through retention of a percentage of the health insurance premiums (4.5%) generating \$3.8M in 2010.

Note: Commonwealth Care offers premium subsidies to individual with household income up to 300 percent of the federal poverty level. Commonwealth Choice offers commercial health insurance plans to individuals who are not eligible for these premiums subsidies and small businesses that have up to 50 workers. As of Dec. 2010, Commonwealth Care had 151,000 enrollees, Choice has 36,133 individuals and 3,942 small group enrollees

Source: The HillTop Institute; Manatt research and analysis; Carey and Gruber, *A Health Insurance Exchange for Maryland? Comparing MA and MD, 2010*.

Utah Exchange Components

6

Insurance Broker Program	
Contracting	N/A
Functions	Helps businesses obtain and complete insurance applications; assists with the enrollment process; works as a customer service agent between employers/employees and the Exchange
Training	The exchange holds weekly educational training sessions for brokers; brokers also required to complete defined contribution market training courses, which include premium assistance training
Certification/ Licensure	Must have a producer license with the Utah Department of Insurance; be appointed with all the insurance carriers that provide a defined contribution plan on the exchange; register with the vendor that pays broker compensation; report any associations with agencies; attend training
Compensation	Commission is set at \$37 per employee per month
Oversight	Agencies are not allowed to sell on the Exchange; individual brokers associated with an agency can sell as an individual; Licensure oversight by the UT DOI
Program Funding	Employers pay a fee to use the exchange. \$6/month/per employee for general operations; \$37/month/per employee for broker commissions

Note: The Utah Health Exchange is a marketplace for small business with up to 50 workers. The exchange does not provide premium subsidies, set quality standards negotiate on prices or limit variation on the types of plans. The exchange currently serves 200 employers covering 4,500 lives.]

Source: The HillTop Institute; *The Massachusetts and Utah Health Insurance Exchanges: Lessons Learned*; Sabrina Corlette, Joan Alker, Joe Touschner and JoAnn Volk, 2010.

New York Facilitated Enrollment Components

7

Existing Facilitated Enrollment (FE) Model

Contracting	The SDOH contracts with 43 facilitated enrollment lead agencies and 72 additional subcontracting agencies, located throughout New York State, are funded to conduct community-based facilitated enrollment
Functions	Screen individuals for eligibility; assist individuals in filling out the application; collect required documentation and certify original citizenship documentation; bundle the applications and submit them to the local district of social services (or health plan for CHIP) and trouble shoot applications with the local districts and assist consumers with redeterminations
Training	The State Department of Health (SDOH) sponsors Basic, Refresher and Self-Employment Training modules and FEs are required to send their personnel to these trainings
Certification/ Licensure	Must be local, consumer-focused, non-profit with a strong reputation; demonstrate knowledge of health reform; culturally competent; ability to connect to people who are difficult to reach
Compensation	The State established a maximum base award for FEs serving only one county. This amount varies depending on the county being served. FEs proposing to serve more than one county may receive a maximum add-on per additional county. For example, for Essex County, \$200,00 is the maximum base award and \$60,000 is the maximum add-on per additional county. FEs can also be salaried employees of a health plan.
Oversight	FEs are required to track application assistance and submit applicant data on a monthly basis. FEs are also required to monitor all program activities including productivity and accuracy as required by quality review procedures established by SDOH.
Program Funding	New York receives a 50 percent federal financing matching rate and currently spends \$8.5 million a year in state funds; health plans are also allowed to employ FEs.

Note: The Facilitated Enrollment (FE) Program provides application assistance for children and adults seeking coverage in Medicaid, Child Health Plus (NY's CHIP) and Family Health Plus.

Source: Manatt Analysis

Consumer Assistance Programs

8

- ACA provided \$30 million in grants to states establish/support state Consumer Assistance Programs (CAPs).
 - Initial grants were awarded in October 2010 for one year.
 - Funds for future years were authorized but not appropriated.
- 35 states and DC were awarded grants.
- The MD Attorney General's Health Education and Advocacy Unit received a \$599,220 CAP grant to expand consumer assistance functions.
 - Mediation and ombudsman services to assist with appeals processes and billing disputes
 - Information on Maryland-specific insurance rules, such as guarantee issue
 - Connection to coverage options, such as MD's high risk pool, Medicaid or commercial insurance resources

Consumer Assistance Program Responsibilities

Upon Award - Oct 2011	Jan 2014
<ul style="list-style-type: none">• Help consumers enroll in health coverage,• Help consumers file complaints and appeals against health plans,• Educate consumers about their rights and empower them to take action, and• Track consumer complaints to help identify problems and strengthen enforcement.	<ul style="list-style-type: none">• Help resolve problems with obtaining premium tax credits for coverage through the Exchange, and• Receive referrals from the Navigator Program for enrollees with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage.

Consumer Assistance Programs

Other consumer assistance programs in Maryland include:

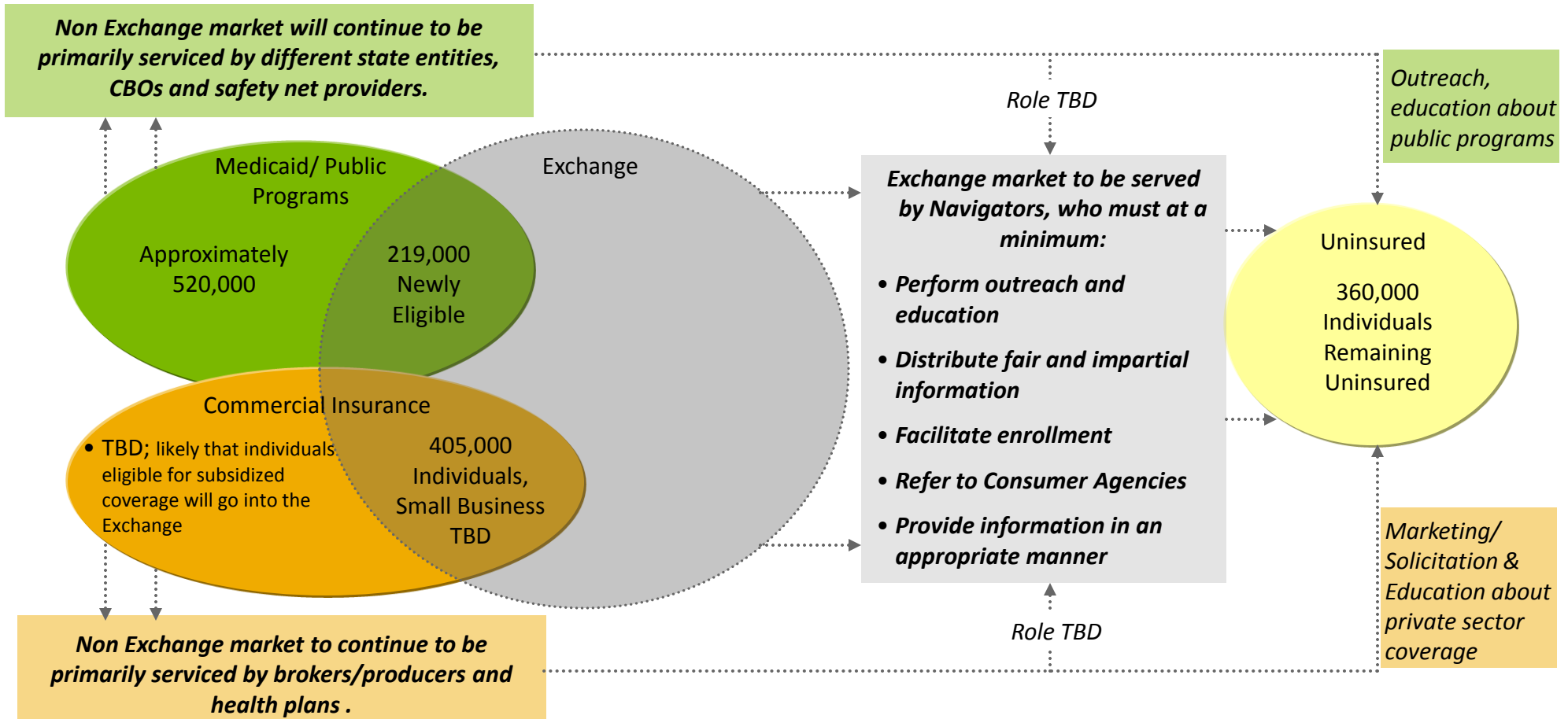
- **Maryland Insurance Administration Enforcement Division**
 - Investigates consumer complaints against licensed brokers and can take enforcement action.
 - Common complaints include: misrepresentation of policy, failure to remit premium, and failure to issue policy.
- **Baltimore HealthCare Access' Consumer Ombudsman and Assistance Program**
 - Contracts with State to assist Baltimore City residents with Medicaid managed care concerns.
- **Department of Health and Mental Hygiene' HealthChoice Enrollee Action Line**
 - Assists Medicaid managed care enrollees in complaints against insurers.

Other Consumer Assistance:

- **Health Plans**
 - Assist clients with navigating benefits.
- **Providers**
 - Assist patients connect to insurance and resolve insurance disputes.
- **Community Based Organizations**
 - Assist consumers determine eligibility for public programs and connect consumers to other assistance efforts, such as the AG's office.
- **Brokers**
 - Provide consumers with assistance in plan selection as well as some post-enrollment support.

Post 1/1/2014 Non-Elderly Marketplace

10



Source: Medicaid & Uninsured Enrollment: Maryland Health Care Commission, "Health Insurance Coverage in Maryland Through 2009." Maryland Health Care Commission. January 2011; DHMH Press Release on September 20, 2011; Commercial and Individual Insurance Numbers: Gruber, Jonathon and Carey, Robert, "A Health Insurance Exchange for Maryland" Comparing Massachusetts and Maryland, 2010; M. Buettgens, J. Holahan, C. Carroll, "Health Reform Across the States: Increased Insurance Coverage and Federal Spending on the Exchanges and Medicaid," prepared for the Robert Wood Johnson Foundation State Coverage Initiatives by the Urban Institute, March 2011, available at <http://www.rwjf.org/files/research/71952.pdf>

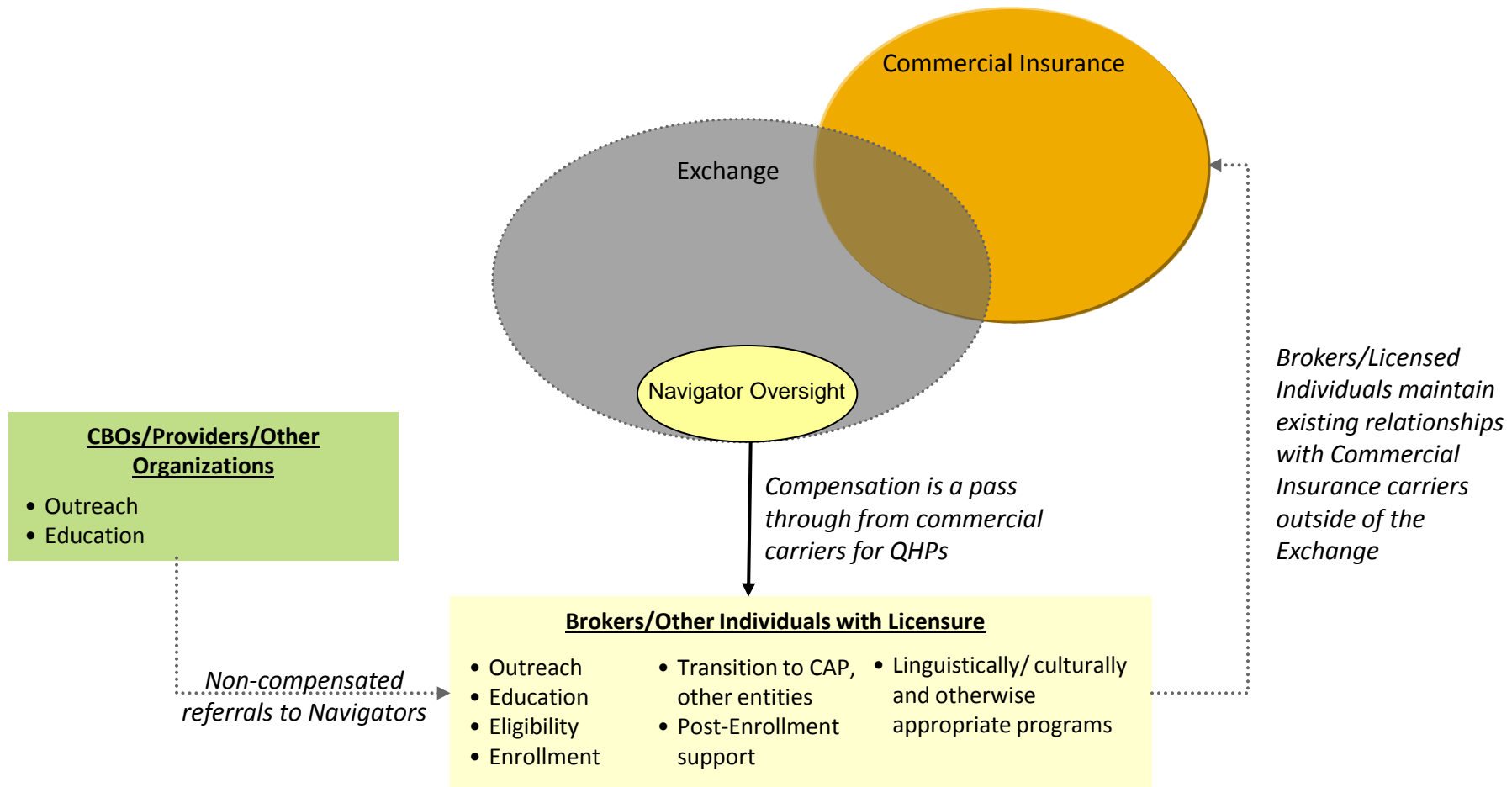
Discussion Ground Rules:

- This Advisory Committee's task is to provide the Exchange Board with options, not recommendations.
 - Report will highlight options raised during discussion and models have the most consensus and support.
- Focus today on the Navigator program: How should the program operate and WHO will do what?
 - Previously focused on WHAT the Navigator(s) should do.
- Strive to first identify points of consensus – and spend the bulk of the time developing the range of options where we do not have consensus.
- Recognize that Navigators will not function in a world of unlimited resources.

- Identification of 7 models
 - 2 SHOP models; 5 individual Exchange models
- Models are not mutually exclusive; components can be switched around based on group feedback
 - Literally, thousands of options possible
- Criteria to evaluate each option important for overall consideration
 - Based on our mandate:
 - Culturally appropriate; uses existing resources; offers appropriate consumer assistance; appropriate compensation structure; provides sufficient training, oversight, quality assurance and consumer protections; minimizes negative impact on employment in the private market distribution system.
 - Based also on values discussion:
 - Easy accessibility; continuity of care; appropriate range of services.

SHOP Navigator Model #1: Broker/Licensed-Based Model

13



- In this model, brokers who pass enhanced certification/licensing criteria can become Navigators. Compensation would be a pass through from carriers.
- Navigators would need to offer the full spectrum of services within the entity, although different individuals in the entity could perform different functions.
- CBOs/Providers/Other Organizations could refer to Navigators, as appropriate
- IT is critical to ensuring seamless hand-offs between Navigators and the MD HBE.

SHOP Navigator Model #1- Broker/Licensed-Based Operating Model

14

	Navigator Details	Considerations
Contracting	HBE would establish eligibility requirements for Navigators and contract directly with licensed brokers or other licensed individuals who meet the criteria.	<ul style="list-style-type: none"> HBE will need to establish a process and frequency for review and approval of applications for brokers to serve as Navigators.
Functions	Outreach, education, eligibility determination, enrollment assistance, post-enrollment support, referrals for CAP support and ability to provide information in a culturally competent manner	<ul style="list-style-type: none"> Navigators would need to be able to accept referrals and requests from CBOs/Providers
Training	<p>Navigators would be required to have enhanced training, including:</p> <ul style="list-style-type: none"> Current education requirements The Exchange/Qualified Health Plans Public insurance eligibility and enrollment (e.g., Medicaid) Cultural Competency 	<ul style="list-style-type: none"> CBOs/providers/other organizations would be required to attend a sub-set of training on the Exchange/QHPs and cultural training
Certification/ Licensure	Full MIA licensure required as a minimum. Enhanced licensure with continuing education would also be required.	<ul style="list-style-type: none"> MIA may supplement existing licensure with “enhanced” or Navigator-specific licensure to enable brokers who do not intend to work as Navigators to meet current requirements only.
Compensation	Navigators would receive a commission per enrollment which reflects a pass through for QHP	
Oversight	MIA, HBE have oversight role and would need to include monitoring mechanisms for business practices outside of the Exchange to ensure compliance with non-compensation of QHPs	<ul style="list-style-type: none"> Consumers can select/ fire Navigators. MIA and HBE will need to coordinate on oversight roles and responsibilities.
Program Funding	Program is financed through pass through of commissions; oversight funded through operating model of the Exchange.	

SHOP Navigator Model #1- Broker/Licensed-Based Criteria for Success

15

Criteria	Overall Perception
Model is easily accessible to small groups	<i>(based on the scale, below)</i>
Model supports continuity of services between existing and new options for purchasing insurance	
Model offers appropriate consumer assistance functions	
Model ensures that information is provided in a culturally, linguistically, and otherwise appropriate manner	
Model's compensation structure minimizes risk of steering away from the Exchange/encourages right behaviors	
Model ensures sufficient and appropriate training of Navigators.	
Model provides sufficient oversight, quality assurance and consumer protections	
Model appropriately leverages/makes use of existing resources in the State	
Model minimizes negative impact on employment in the private market distribution system	

Comments on model?

Scale



= Strongly Agree



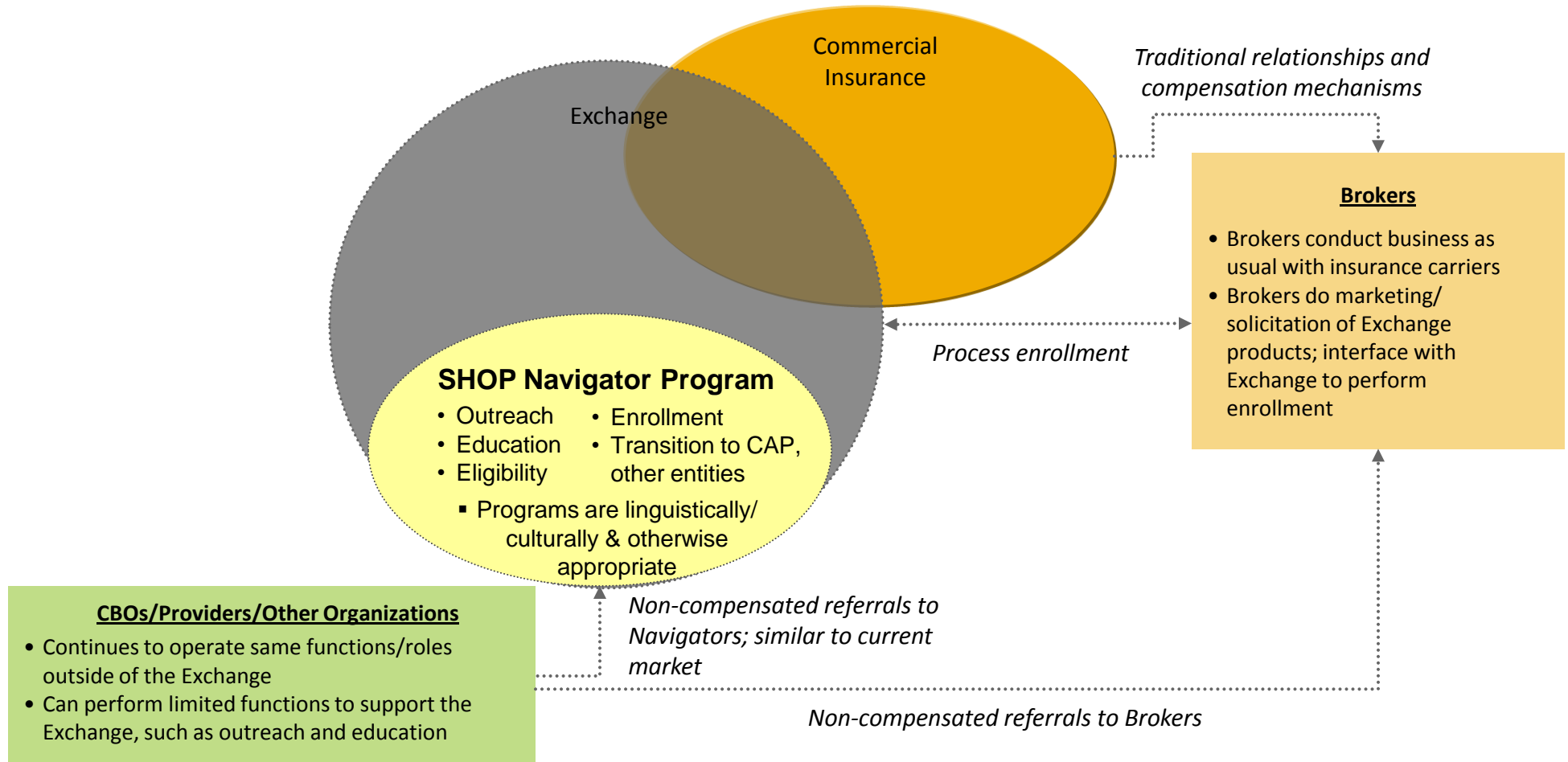
= Moderately Agree



= Disagree

SHOP Navigator Model #2: Employed Exchange w/Broker Interface

16



- In this model, a limited number of Navigators would be directly employed and salaried by the Exchange to serve small group employers who want to deal directly with the Exchange for coverage; brokers would primarily serve the market but not as Navigators
- CBOs/Providers/Other Organizations can do basic outreach and education of the Exchange and refer to Navigators or brokers
- Navigator functions consist of basic ACA requirements, but lack post-enrollment support which is commonly available through brokers.
- IT infrastructure needed to track referrals and manage hand-offs- primarily between the MD HBE and brokers.

SHOP Navigator Model #2- Employed Exchange with Broker Interface Operating Model

17

Navigator Details

Considerations

Contracting	Standard employment provisions.	<ul style="list-style-type: none"> HBE will need to establish a process and frequency for review and approval of applications for brokers to access the Exchange.
Functions	Outreach, education, eligibility determination, enrollment assistance, referrals for CAP support and ability to provide information in a culturally competent manner	<ul style="list-style-type: none"> Navigators would need to be able to accept referrals and requests from CBOs/Providers Lack of post-enrollment support may not be attractive to employers contacting the Exchange directly
Training	<p>Navigators would be required to have enhanced training, including:</p> <ul style="list-style-type: none"> Knowledge of employer needs; purchasing decisions The Exchange/Qualified Health Plans Private insurance eligibility and enrollment Cultural Competency 	<ul style="list-style-type: none"> CBOs/providers/other organizations may be required to attend a sub-set of training on the uniqueness's of the small group market and products
Certification/ Licensure	Quality assurance and oversight would be conducted by program management.	<ul style="list-style-type: none"> An employed model <u>may</u> preclude the need for licensure. Brokers selling on the Exchange would need to be licensed.
Compensation	Navigators would be salaried.	<ul style="list-style-type: none"> Brokers would receive a commission, similar to a non-Exchange market
Oversight	Direct oversight is managed by the Exchange through employee performance requirements.	<ul style="list-style-type: none"> Business would not have an ability to select or fire Navigators, but would be able to work w/broker of choice Oversight includes managing to metrics for cultural/linguistic and other performance thresholds
Program Funding	Program is financed through operating costs of the Exchange.	

SHOP Navigator Model #2- Employed Exchange with Broker Interface

Success Criteria

18

Criteria	Overall Perception
Model is easily accessible to small groups	<i>(based on the scale, below)</i>
Model supports continuity of services between existing and new options for purchasing insurance	
Model offers appropriate consumer assistance functions	
Model ensures that information is provided in a culturally, linguistically, and otherwise appropriate manner	
Model's compensation structure minimizes risk of steering away from the Exchange/encourages right behaviors	
Model ensures sufficient and appropriate training of Navigators.	
Model provides sufficient oversight, quality assurance and consumer protections	
Model appropriately leverages/makes use of existing resources in the State	
Model minimizes negative impact on employment in the private market distribution system	

Comments on model?

Scale



= Strongly Agree



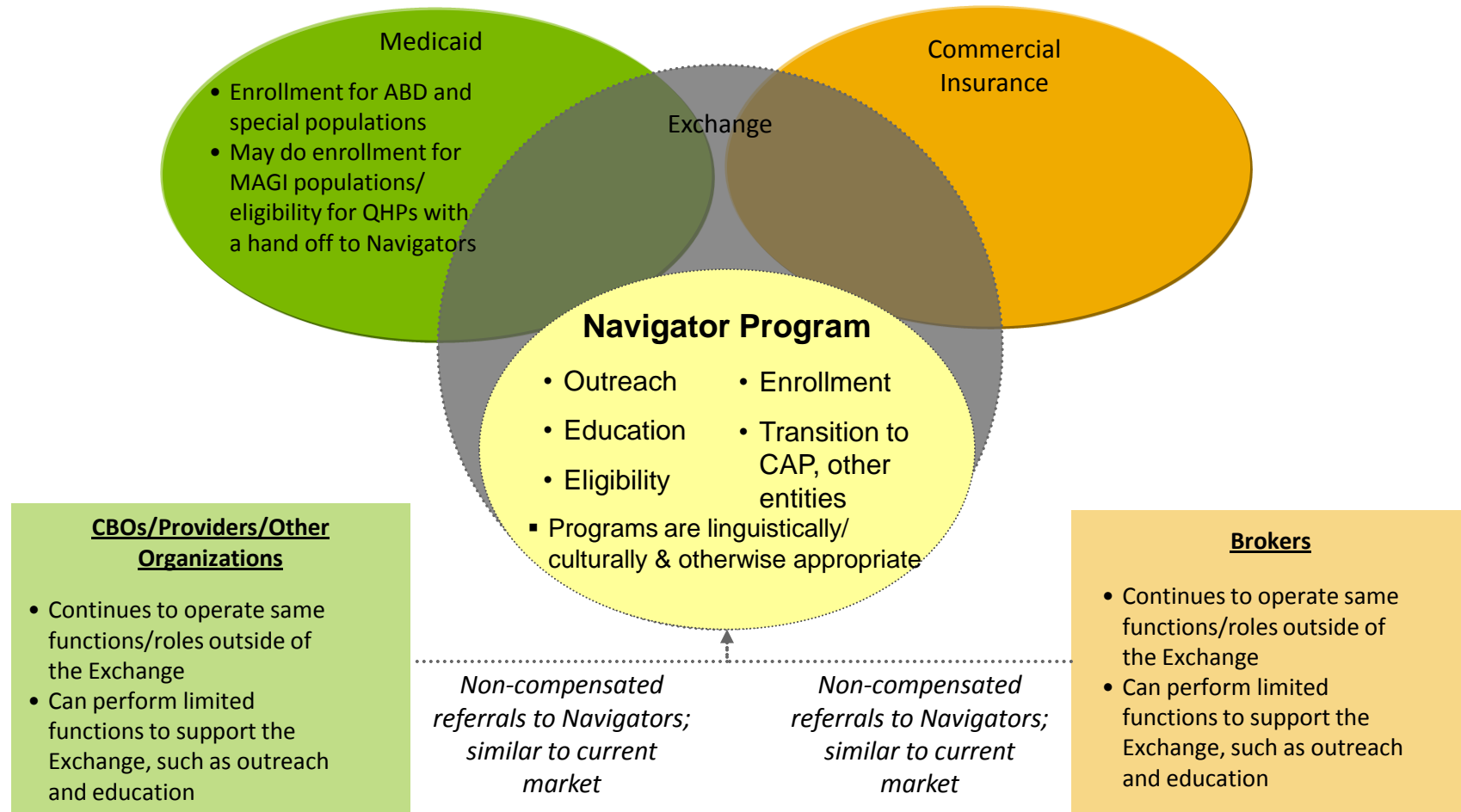
= Moderately Agree



= Disagree

Individual Navigator Model #1: Employed Exchange

19



- In this model, Navigators are directly employed and salaried by the Exchange and serve both the QHP and public program populations. Navigators have exclusivity over enrollment into QHPs.
- CBOs/Providers/Other Organizations and Brokers can do basic outreach and education of the exchange and refer to the Exchange.
- Navigator functions consist of the basic ACA requirements, with employed Navigators being able to span across all required functions.
- IT infrastructure needed to track referrals and manage hand-offs between the MD HBE and Medicaid program.

Model #1- Employed Exchange Operating Details

20

	Navigator Details	Considerations
Contracting	Standard employment provisions.	
Functions	Outreach, education, eligibility determination, enrollment assistance, assistance connecting to post enrollment support, and appropriate programs to manage the diverse populations	<ul style="list-style-type: none"> • Heavier focus on ACA-required functions with referrals for post-enrollment support
Training	Baseline Training would cover: <ul style="list-style-type: none"> • The Exchange/Qualified Health Plans • Public insurance eligibility and enrollment (e.g., Medicaid) • Cultural Competency and other appropriate training 	<ul style="list-style-type: none"> • New training modules would need to be developed around the Exchange and private insurance. • Modules would need to address range of assisting people with cultural, linguistic, and other needs (e.g. disabilities)
Certification/Licensure	Quality assurance and oversight would be conducted by program management.	<ul style="list-style-type: none"> • An employed model <u>may</u> preclude the need for licensure.
Compensation	Navigators would be salaried.	<ul style="list-style-type: none"> • Compensation would have to be structured to reward the right behaviors (e.g. enrollment)
Oversight	Direct oversight is managed by the Exchange through employee performance requirements.	<ul style="list-style-type: none"> • Consumers would not have an ability to select or fire Navigators. • Oversight includes managing to metrics for cultural/linguistic and other performance thresholds
Program Funding	Program is financed through operating costs of the Exchange. A combination of insurer participation fees and Medicaid dollars (including Federal match) contribute to the Program.	<ul style="list-style-type: none"> • State will need to put up 50 percent match for Federal Medicaid dollars.

Model #1- Employed Exchange Criteria for Success

Criteria	Overall Perception
Model is accessible to eligible populations; will encourage enrollment	<i>(based on the scale, below)</i>
Model supports continuity of services between public/private markets	
Model offers appropriate consumer assistance functions	
Model ensures that information is provided in a culturally, linguistically, and otherwise appropriate manner	
Model's compensation structure minimizes risk of steering away from the Exchange/encourages right behaviors	
Model ensures sufficient and appropriate training of Navigators.	
Model provides sufficient oversight, quality assurance and consumer protections	
Model appropriately leverages/makes use of existing resources in the State	
Model minimizes negative impact on employment in the private market distribution system	

Comments on model?



= Strongly Agree



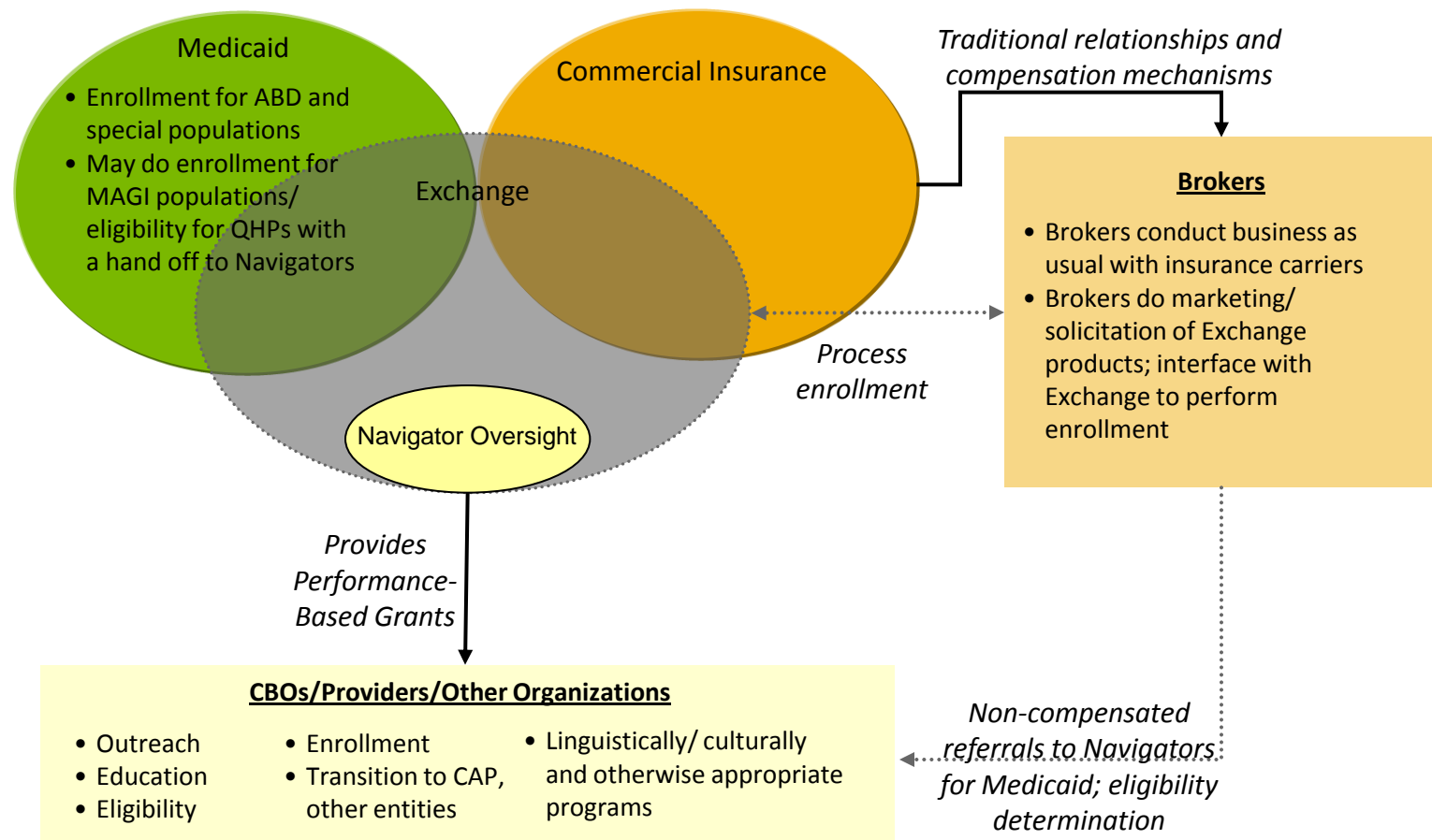
Scale
= Moderately Agree



= Disagree

Individual Navigator Model #2: Consumer and Provider-Based Model

22



- In this model, community-based organizations could apply to become Navigators. These organizations would receive performance-based grants from the MD HBE program and primarily provide ACA- required functions
- Navigators would need to offer the full spectrum of services within the entity, although different individuals in the entity could perform different functions.
- Brokers would be able to refer to the Exchange and be compensated by commercial insurance carriers, but would not be Navigators.
- IT critical to ensuring seamless hand-offs between Navigators and the MD HBE program as well as up to date communication with brokers.

Model #2- Consumer and Provider-Based Operating Model

23

	Navigator Details	Considerations
Contracting	HBE would issue competitive procurement for CBO grants.	<ul style="list-style-type: none"> HBE will need to establish a process and frequency for review and approval of applications for brokers to access Exchange.
Functions	Outreach, education, eligibility determination, enrollment assistance, referrals for post enrollment support and ability to provide information in a culturally competent manner	<ul style="list-style-type: none"> Navigators would need to be able to accept referrals and requests from Brokers; process eligibility from brokers
Training	<p>Navigator Basic Training would cover:</p> <ul style="list-style-type: none"> The Exchange/Qualified Health Plans Public insurance eligibility and enrollment (e.g., Medicaid) Cultural Competency and other appropriate training <p>Navigating entities would be required to train all staff. Some staff would need to also need to specialize in certain areas</p>	<ul style="list-style-type: none"> Brokers would be required to attend a sub-set of training on the Exchange/QHPs and cultural training Broker training requirements may be able to be updated via the MIA licensing process, or be offered separately though the Exchange.
Certification/ Licensure	Navigator entities would obtain “limited licensure/certification,” where the entity is licensed/certified and staff are required to undergo training.	<ul style="list-style-type: none"> Limited licensure program would need to be established.
Compensation	Performance-based grants for Navigators	<ul style="list-style-type: none"> Insurers would pay commissions directly to brokers
Oversight	Oversight is managed by the HBE and through MIA licensure/certification.	<ul style="list-style-type: none"> HBE and MIA will need to coordinate to address licensing issues and roles/responsibilities Oversight includes managing to metrics for cultural/linguistic and other performance thresholds
Program Funding	Program is financed through operating costs of the Exchange and Medicaid dollars (including Federal match) contribute to the Program.	<ul style="list-style-type: none"> State will need to put up 50 percent match for Federal Medicaid dollars.

Model #2- Consumer and Provider-Based Criteria for success

24

Criteria	Overall Perception
Model is accessible to eligible populations; will encourage enrollment	<i>(based on the scale, below)</i>
Model supports continuity of services between public/private markets	
Model offers appropriate consumer assistance functions	
Model ensures that information is provided in a culturally, linguistically, and otherwise appropriate manner	
Model's compensation structure minimizes risk of steering away from the Exchange/encourages right behaviors	
Model ensures sufficient and appropriate training of Navigators.	
Model provides sufficient oversight, quality assurance and consumer protections	
Model appropriately leverages/makes use of existing resources in the State	
Model minimizes negative impact on employment in the private market distribution system	

Comments on model?

Scale



= Strongly Agree



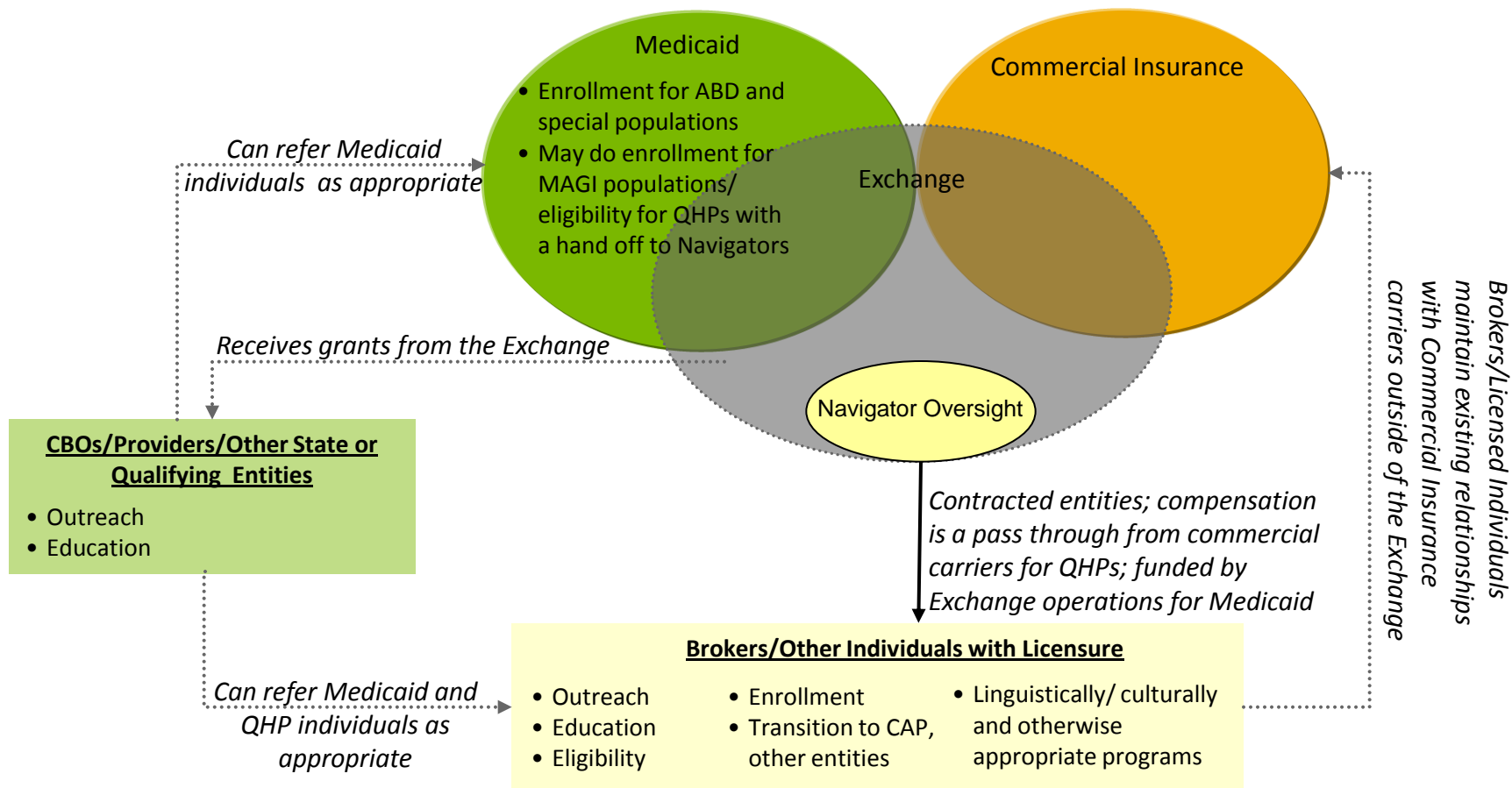
= Moderately Agree



= Disagree

Individual Navigator Model #3: Broker/Licensed-Based Model

25



- In this model, brokers who pass enhanced certification/licensing criteria can become Navigators. Compensation would be a pass through from insurers.
- Navigators would need to offer the full spectrum of services within the entity, although different individuals in the entity could perform different functions.
- The Exchange could provide grants to CBOs for outreach and education and referrals to Medicaid or to Navigators.
- IT is critical to ensuring seamless hand-offs between Navigators and the MD HBE as well as up-to-date communication with CBOs, etc.

Model #3- Broker/Licensed-Based Operating Model

26

Navigator Details

Considerations

Contracting	HBE would establish eligibility requirements for Navigators and contract directly with licensed brokers or other licensed individuals who meet the criteria.	<ul style="list-style-type: none"> HBE will need to establish a process and frequency for review and approval of applications for brokers to serve as Navigators. CBOs/providers would also need to be contracted with the HBE
Functions	Outreach, education, eligibility determination, enrollment assistance, referrals for post enrollment support and ability to provide information in a culturally competent manner	<ul style="list-style-type: none"> Navigators would need to be able to accept referrals and requests from CBOs/Providers
Training	<p>Navigators would be required to have enhanced training, including:</p> <ul style="list-style-type: none"> Current education requirements The Exchange/Qualified Health Plans Public insurance eligibility and enrollment (e.g., Medicaid) Cultural Competency 	<ul style="list-style-type: none"> CBOs/providers/other organizations would be required to attend a sub-set of training on the exchange/QHPs and cultural training
Certification/Licensure	Full MIA licensure required as a minimum. Enhanced licensure with continuing education would also be required.	<ul style="list-style-type: none"> MIA may supplement existing licensure with “enhanced” or Navigator-specific licensure to enable brokers who do not intend to work as Navigators to meet current requirements only.
Compensation	Navigators would receive a commission per enrollment which reflects a pass through for QHPs and a PCPM or 1 lump sum for Medicaid	<ul style="list-style-type: none"> CBOs would receive outreach and education grants Payment structure for Medicaid enrollees would need to be determined
Oversight	MIA, HBE have oversight role and would need to include monitoring mechanisms for business practices outside of the exchange to ensure compliance with non-compensation for QHP	<ul style="list-style-type: none"> Consumers can choose and fire Navigators. MIA and HBE will need to coordinate on oversight roles and responsibilities.
Program Funding	Navigators are financed through pass through of commissions. Oversight funded through operating model of the Exchange. Grants financed through operating model of the Exchange and Medicaid dollars (including Federal match).	<ul style="list-style-type: none"> State will need to put up 50 percent match for Federal Medicaid dollars.

Model #3- Broker/Licensed-Based Criteria for Success

27

Criteria	Overall Perception
Model is accessible to eligible populations; will encourage enrollment	<i>(based on the scale, below)</i>
Model supports continuity of services between public/private markets	
Model offers appropriate consumer assistance functions	
Model ensures that information is provided in a culturally, linguistically, and otherwise appropriate manner	
Model's compensation structure minimizes risk of steering away from the Exchange/encourages right behaviors	
Model ensures sufficient and appropriate training of Navigators.	
Model provides sufficient oversight, quality assurance and consumer protections	
Model appropriately leverages/makes use of existing resources in the State	
Model minimizes negative impact on employment in the private market distribution system	

Comments on model?



= Strongly Agree



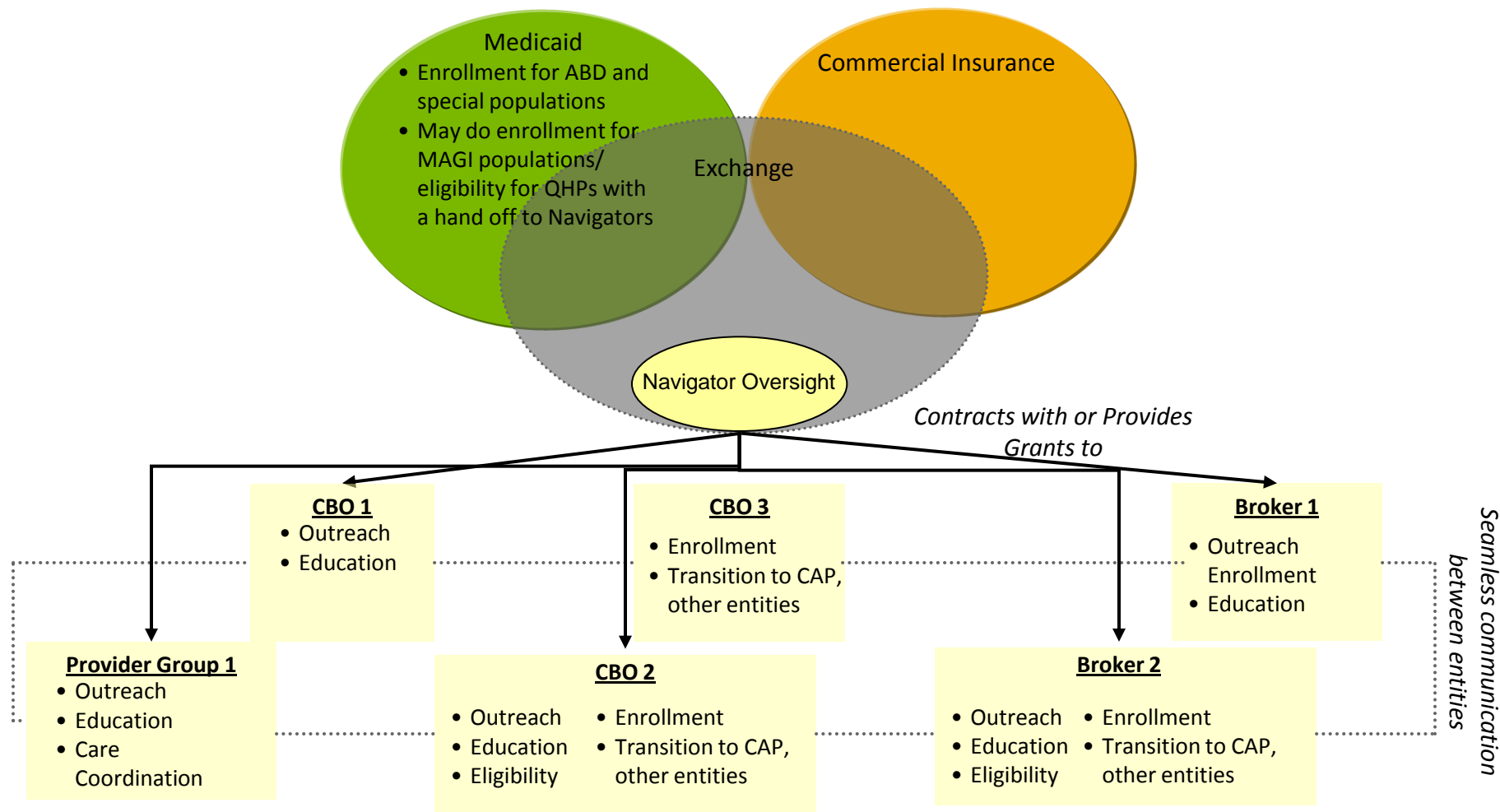
Scale
= Moderately Agree



= Disagree

Individual Navigator Model #4: Hub-and-Many-Spokes Model

28



- In this model, any entity meeting appropriate criteria could be a Navigator. Navigator entities could fulfill certain functions, while others offer the full spectrum. Entities not providing the full range of services would have to demonstrate how hand-offs would be made.
- All entities would have to ensure that information can be provided in an linguistically, culturally and otherwise appropriate manner.
- Compensation models would differ by scope of services (e.g. outreach and education grants versus enrollment-based contracts)
- Very robust and streamlined IT infrastructure critical component of enabling model and ensuring seamless hand-offs.

Model #4- Hub-and-Many-Spokes Operating Model

29

	Navigator Details	Considerations
Contracting	HBE would offer several contracting mechanisms based on functions provided; HBE would establish competitive procurement to award grants and a contracting process with licensed Navigators	<ul style="list-style-type: none"> Grant/contract review process must assess access to the full set of services in all geographic areas across the state.
Functions	Entities can choose to offer all or a subset of Navigator functions, including outreach, education, eligibility determination, enrollment assistance, and assistance connecting to post enrollment support or other more enhanced services, such as care coordination or post-enrollment support	<ul style="list-style-type: none"> Functions could go beyond ACA; state requirements Robust IT system will be required for seamless hand-offs between Navigators serving different roles.
Training	<ul style="list-style-type: none"> Scope of training would depend on functions. Baseline training would include some level of understanding of: <ul style="list-style-type: none"> The Exchange/Qualified Health Plans Public insurance eligibility and enrollment (e.g., Medicaid) Cultural Competency Expanded Training could include: <ul style="list-style-type: none"> More in-depth training in areas listed above Working with specific populations 	
Certification/ Licensure	<ul style="list-style-type: none"> Navigators who facilitate enrollment into QHPs would be licensed by the MIA. 	
Compensation	<ul style="list-style-type: none"> Grants or commission-based contracts available. Commission level mirrors broker model outside of the Exchange. 	
Oversight	MIA, HBE have oversight role and would need to include monitoring mechanisms for business practices outside of the Exchange to ensure compliance with non-compensation for QHPs	<ul style="list-style-type: none"> MIA and the HBE will need to coordinate on oversight responsibilities.
Program Funding	Program is financed through operating costs of the Exchange and Medicaid dollars (including Federal match) contribute to the Program.	<ul style="list-style-type: none"> State will need to put up 50 percent match for Federal Medicaid dollars.

Model #4- Hub-and-Many-Spokes Criteria for Success

30

Criteria	Overall Perception
Model is accessible to eligible populations; will encourage enrollment	<i>(based on the scale, below)</i>
Model supports continuity of services between public/private markets	
Model offers appropriate consumer assistance functions	
Model ensures that information is provided in a culturally, linguistically, and otherwise appropriate manner	
Model's compensation structure minimizes risk of steering away from the Exchange/encourages right behaviors	
Model ensures sufficient and appropriate training of Navigators.	
Model provides sufficient oversight, quality assurance and consumer protections	
Model appropriately leverages/makes use of existing resources in the State	
Model minimizes negative impact on employment in the private market distribution system	

Comments on model?

Scale



= Strongly Agree



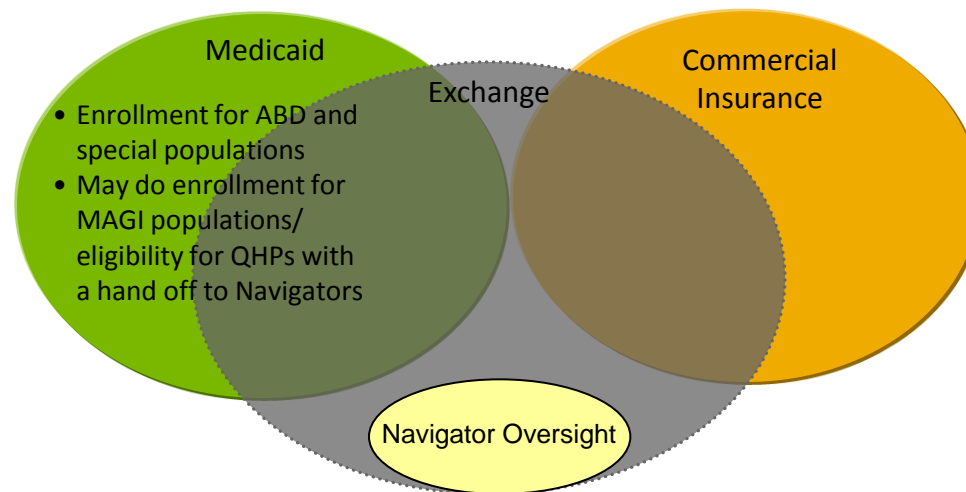
= Moderately Agree



= Disagree

Individual Navigator Model #5: One-Stop Shopping

31



Contracts with or Provides Grants to

Contracts with or Provides Grants to

Other Entities

- Outreach
- Education
- Eligibility
- Linguistically/ culturally and otherwise appropriate programs
- Enrollment
- Transition to CAP, other entities

CBOs

- Outreach
- Education
- Eligibility
- Linguistically/ culturally and otherwise appropriate programs
- Enrollment
- Transition to CAP, other entities

Provider Groups

- Outreach
- Education
- Eligibility
- Linguistically/ culturally and otherwise appropriate programs
- Enrollment
- Transition to CAP, other entities

Brokers

- Outreach
- Education
- Eligibility
- Linguistically/ culturally and otherwise appropriate programs
- Enrollment
- Transition to CAP, other entities

- In this model, any entity meeting appropriate criteria could be considered to be a Navigator.
- The Navigator Program would delineate the services/functions it needs; each entity would have to meet most or all needs with limited exceptions
- Multiple compensation models could be permissible (e.g. grants for some entities versus commission-based contracts for others)
- IT critical to ensuring seamless hand-offs to the MD HBE program.

Model #5: One-Stop Shopping Operating Model

	Navigator Details	Considerations
Contracting	HBE would offer several contracting mechanisms; HBE would establish competitive procurement to award grants and a contracting process	<ul style="list-style-type: none"> Entities could select which model works best for them
Functions	Outreach, education, eligibility determination, enrollment assistance, referrals for post enrollment support and ability to provide information in a culturally competent manner	<ul style="list-style-type: none"> Heavier focus on ACA-required functions with referrals for post-enrollment support
Training	<ul style="list-style-type: none"> Baseline training would include some level of understanding of: <ul style="list-style-type: none"> The Exchange/Qualified Health Plans Public insurance eligibility and enrollment (e.g., Medicaid) Cultural Competency Expanded Training could include: <ul style="list-style-type: none"> More in-depth training in areas listed above Working with specific populations 	<ul style="list-style-type: none"> All Navigators would be required to have same baseline training
Certification/ Licensure	MIA licensure/certification would be required at the entity level.	<ul style="list-style-type: none"> Limited licensure would need to be established
Compensation	Commission-based contracts or performance-based grants. Commission level would mirror broker model outside of the Exchange.	<ul style="list-style-type: none"> Navigator will have to establish multiple compensation models. Payment structure for Medicaid enrollees would need to be determined
Oversight	MIA, HBE have oversight role and would need to include monitoring mechanisms for business practices outside of the Exchange to ensure compliance with non-compensation for QHPs	<ul style="list-style-type: none"> MIA and the HBE will need to coordinate on oversight responsibilities.
Program Funding	Program is financed through operating costs of the Exchange and Medicaid dollars (including Federal match) contribute to the Program.	<ul style="list-style-type: none"> State will need to put up 50 percent match for Federal Medicaid dollars.

Model #5: One-Stop Shopping Criteria for Success

33

Criteria	Overall Perception
Model is accessible to eligible populations; will encourage enrollment	<i>(based on the scale, below)</i>
Model supports continuity of services between public/private markets	
Model offers appropriate consumer assistance functions	
Model ensures that information is provided in a culturally, linguistically, and otherwise appropriate manner	
Model's compensation structure minimizes risk of steering away from the Exchange/encourages right behaviors	
Model ensures sufficient and appropriate training of Navigators.	
Model provides sufficient oversight, quality assurance and consumer protections	
Model appropriately leverages/makes use of existing resources in the State	
Model minimizes negative impact on employment in the private market distribution system	

Comments on model?

Scale



= Strongly Agree



= Moderately Agree



= Disagree

- **Incorporate Suggestions on Models**
- **Develop Final Report**
 - Draft Submitted to Advisory Committee on November 3rd, 2011
- **Present Final Report and Incorporate Comments from November 7th Advisory Committee Meeting**